

| POSITION                  | INITIALS   | ID NO. | DATE    |
|---------------------------|------------|--------|---------|
| FEE DETERMINATION         | <i>Aug</i> | 43     | 8/25/00 |
| O.I.P.E. CLASSIFIER       |            |        | 9/1/00  |
| FORMALITY REVIEW          |            |        |         |
| RESPONSE FORMALITY REVIEW |            | 7197   | 10/6    |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim    | Date   |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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